



FORM 7

Control No. _____

NOTICE OF RESULTS (Joint Assessment)		Republic of the Philippines DEPARTMENT OF LABOR AND EMPLOYMENT Regional Office No.		Regional Office Address Tel. No.: 234-3317	
NAME OF OWNER/PRESIDENT/MANAGER <i>Nathaniel Kaw</i>		NATURE OF BUSINESS <i>Retail</i>	DATE OF ASSESSMENT <i>October 21, 2014</i>	DATE OF LAST ASSESSMENT <i>NAD</i>	AUTHORITY NO. <i>JA-2014-10-TCFO-515</i>
NAME OF ESTABLISHMENT <i>Gomeco Metal Corp. (Mandaue Branch)</i>			ADDRESS OF ESTABLISHMENT <i>VNU Arcade, North Road, Paknaan, Mandaue City</i>		
<p>The following deficiencies were not complied:</p> <p>General Labor Standards:</p> <p>1. Proof of remittance and coverage of SSS, Philhealth, Pagibig.</p> <p>Occupational Safety and Health Standards:</p> <p>1. Rule 1020 (Registration of Establishment). 2. Policies on HIV/AIDS, Hep. B, TB, Drug Free Workplace. 3. Anti-sexual harassment policy with CODI.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Any questions on the above findings shall be submitted to this Office within five (5) days from receipt of this Notice and correction thereof shall be done within ten (10) days. This notice shall be posted conspicuously in the premises of the workplace. Unauthorized removal of this Notice by any person shall be dealt with law.</div>					
SERVED BY: Signature _____ Date: _____ Printed Name: _____ (Process Server)			SERVED TO: Signature _____ Date: _____ Printed Name: _____ Position/Designation: _____		
ASSESSMENT CONDUCTED BY: <i>[Signature]</i> Ray Martin G. Codizera Labor Laws Compliance Officer					

Documents Attached:

- () Affidavit of employee/s interviewed
() Computation sheet for wages due
No. of sheets _____
() Restitution Payroll

- () Certified True Copy Payrolls
() Daily Time Records
() Employment Contracts
() Others, specify _____



NOV 10 2014



ACKNOWLEDGEMENT RECEIPT

Joint Assessment

NAME OF OWNER/PRESIDENT/MANAGER <u>Nathaniel Kaw</u>	NATURE OF BUSINESS <u>Retail</u>	DATE OF ASSESSMENT <u>10/21/14</u>	DATE OF LAST ASSESSMENT <u>NAD</u>	AUTHORITY NO. <u>JA-2014-10- TUFO-515</u>
NAME OF ESTABLISHMENT <u>Gomeco Metal Corp. (Mandana Branch)</u>		ADDRESS OF ESTABLISHMENT <u>Unit D VNU Arcade, Egan North Road, Paknaan, Mandana City</u>		

I hereby acknowledge that I have seen, read and understand the findings of the assessment conducted as reflected in the Electronic Assessment Checklist:

The result of which are as follows:

I. ON GENERAL LABOR STANDARDS (GLS):

- ☐ Underpayment of wages
- ☐ Non-payment of COLA (per Wage Order No. 18)
- ☐ No records keeping (Payroll /payslip with signature) presented
- ☐ No Meal period
- ☐ No Weekly Rest Periods
- ☐ No Overtime pay/premium
- ☐ No regular holiday/premium
- ☐ No premium pay for Special Day
- ☐ No premium pay for Rest Day
- ☐ No Nightshift Differential pay
- ☐ No Service Incentive Leave pay
- ☐ No/Non-payment of Separation pay
- ☐ No/Non-payment of 13th month pay
- ☐ No/Non-payment of Maternity Leave
- ☐ No/Non-payment of Paternity Leave
- ☒ No/Non-payment of Solo Parent Leave
- ☐ No/Non Coverage/remittances of SSS, PhilHealth and Pag-Ibig (2014)
- ☐ No Alien Employment Permit
- ☐ No copies of service/contract of agreement with sub-contractor/s presented
- ☐ No D.O. 18-A certificate and Rule 1020 for each sub-contractors

OTHER NOTED DEFICIENCIES OF GLS:

II. OCCUPATIONAL SAFETY AND HEALTH STANDARDS

- ☒ No Policies and Programs on the following:
 - ☒ a. Anti-Sexual harassment with CODI
 - ☒ b. Drug-Free Workplace
 - ☒ c. HIV/AIDS
 - ☒ d. Hepatitis B
 - ☒ e. Tuberculosis
- ☐ No Administrative Reports Submitted:
 - ☐ a. Minutes of Meeting on Health & Safety Committee
 - ☐ b. Employee's Work Accident/Illness Exposure Data (for every accident)
 - ☐ c. Annual Work Accident/Illness Exposure Data
 - ☐ d. Annual Medical Report

- Rule 1020 (Registration of Establishment)

In view thereof, an Action Plan to correct/rectify the aforcted deficiencies shall be submitted within ten (10) days upon receipt hereof, otherwise, a Notice of Result shall be issued.

(Employees' Representative)
EXPLAINED TO AND RECEIVED BY:

Signature: [Signature] Date: 10-21-14
Printed Name: Wendy G. NIS
Position/Designation: _____

(Employer's Representative)
EXPLAINED TO AND RECEIVED BY:

Signature: [Signature] Date: 10/21/14
Printed Name: LEE ANNE B. BALANOUT
Position/Designation: ADMIN OFFICER

ASSESSMENT CONDUCTED BY:

Signature: Ray Martin Codinera
LLCO: 10/21/14
Date: _____

NOTICE TO THE EMPLOYER

If no action plan was formulated during the conduct of joint-assessment, the employer shall formulate the said action plan based on the accomplishment checklist issued by the Labor Laws Compliance Officer. The employer shall submit the accomplished Details of Action Plan to the Regional Office within ten (10) days from the conduct of joint assessment, otherwise, a Notice of Results shall be issued.

Part VI FOR LABOR LAWS COMPLIANCE OFFICER USE ONLY

☐ 1st Assessment

Brief Summary of Findings & Recommendation:

Conducted By:

Ray Martin Codines
Name and Position of LLCO

Date 10/21/14

Findings/Recommendation explained to:

1. LEE ANNE TRINIDAD
Name & Signature of Employer's Representative
2. LEONARDO STANIS
Name & Signature of Employees' Representative

☐ Follow-up Assessment

Brief Summary of Findings & Recommendation:

Conducted By:

Name and Position of LLCO

Date

Findings/Recommendation explained to:

1. _____
Name & Signature of Employer's Representative
2. _____
Name & Signature of Employees' Representative

DOLE PROGRAMS AND SERVICES PROVIDED

- ☐ Kapatiran
- ☐ Labor and Employment Education Service
- ☐ Basic Occupational Safety and Health
- ☐ Family Welfare Program
- ☐ Labor-Management Cooperation
- ☐ Productivity Improvement Programs
- ☐ ISTIV Bayanihan Program
- ☐ WISE Program
- ☐ Livelihood Assistance
- ☐ Employee's Compensation and Rehabilitation
- ☐ Request Specific Assistance In: _____

Date Conducted _____

LABOR RELATIONS CONCERNS

- ☐ Freedom of Association
- ☐ Unfair Labor Practice
Cite: _____
- ☐ with Labor Management Council
- ☐ with Grievance Machinery
- ☐ with Collective Bargaining Agreement

Part VII REGIONAL OFFICE USE ONLY

STATUS/ACTION TAKEN/RECOMMENDATION:

(For monitoring purposes, please indicate the date.)

- ☒ Denied Access-Notice of Results issued _____
- ☒ Cannot be located _____
- ☒ For Follow-up Assessment _____
- ☒ Issued Notice of Results _____
- ☒ For Mandatory Conference _____
- ☒ For Issuance of Certificate of Compliance _____
- ☒ COC on GLS issued _____
- ☒ COC on OSHS issued _____
- ☒ COC on LSCC issued _____
- ☒ Incentivizing Compliance Program Awarded _____
- ☒ Tripartite Certificate of Compliance with Labor Standards _____
- ☒ Child Labor Free Establishment _____
- ☒ Outstanding Labor Management Council for Industrial Peace _____
- ☒ Gawad Kaligtasan at Kalusugan _____
- ☒ Productivity Olympics _____
- ☒ Effecting Plant Level Restitution/Correction _____
- Amount Involved _____ (In Peso)
- Workers Benefitted _____ (count)
- ☒ Provided Appropriate Assistance Leading to Compliance _____
- Specify assistance: _____

☐ Conducted _____

- ☐ For Submission of action plan/Checklist issued ☐ Submitted _____
- ☐ For Submission of Status Report ☐ Submitted _____
- ☐ Fully Implemented Action Plan _____
- ☐ For Issuance of Compliance Order _____
- ☐ Compliance Order issued _____
- ☐ Work Stoppage Order issued ☐ Lifted _____
- ☐ Appeal Filed _____
- ☐ For Issuance Writ of Execution ☐ Issued _____
- ☐ For Publication _____
- ☐ For Referral to TCCLS _____
- ☐ For Issuance of TCC _____
- ☐ TCCS issued _____
- ☐ Referred to POC _____
- ☐ POCA Violations corrected _____
- ☐ Emanating from SGA Referral _____
- ☐ Emanating from Complaint Filed _____

Review and Evaluated By:

FO/DO/TSSD Chief

Date: _____

Approved By:

REGIONAL DIRECTOR

Date: DEC 01 2014

DOCUMENTS ATTACHED:

TRANSCRIPTION OF RECORDS IN CASE OF VIOLATION

- ☐ Notice of Results
- ☐ Affidavit of Employees Interviewed
- ☐ Payroll
- ☐ Production Records
- ☐ Daily Time Records
- ☐ Computation of Backwages
- ☐ Payroll Restitution
- ☐ Others _____

Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
 Regional Office No. _____
 (Address)

REPUBLIC OF THE PHILIPPINES)
)S.S.

AFFIDAVIT

I, LEOPOLDO GARCIA 37 years of age, single/married and residing at CHERNOCKAN MC after
 having been sworn in accordance with law, depose and say:

- 1) I am working/employee of GOMECO METAL GROUP located at VNU PHENHOC MC
- 2) The owner /president /manager of the Company is Nathaniel Kaw
- 3) The nature of the Company's / Employer's business is:

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Wholesale	<input type="checkbox"/> Construction
<input type="checkbox"/> Service	<input type="checkbox"/> Others: _____
<input type="checkbox"/> Manufacturing	
- 4) I work as technician and my work schedule is from 8-5 pm Mon-Sat
- 5) The current number of employees of the Company/Employer:

<input checked="" type="checkbox"/> less than 10 employees	<input type="checkbox"/> 10-50 employees
<input type="checkbox"/> 51-199 employees	<input type="checkbox"/> 200 and above employees
- 6) Currently, my employment status is:

<input type="checkbox"/> Apprentice	<input type="checkbox"/> Contractual	<input type="checkbox"/> Others: _____
<input type="checkbox"/> Learner	<input checked="" type="checkbox"/> Probationary	
<input type="checkbox"/> Casual	<input type="checkbox"/> Regular	
- 7) I started working in the Company / my Employer on June 2, 2014
- 8) My salary/wage is computed on:

<input type="checkbox"/> Daily basis	<input type="checkbox"/> Piece rate basis
<input type="checkbox"/> Commission basis	<input type="checkbox"/> Others: _____
<input type="checkbox"/> Monthly basis	
<input type="checkbox"/> Pakyaw basis	
- 9) My daily salary rate/monthly salary/rate per piece is: 340 with COLA of _____
- 10) I receive my salary every: 15-30
- 11) I am / I am not given a copy of my pay slip and I receive/ I do not receive the net pay shown in the pay slip.
- 12) I received / I do not receive the net pay shown in the pay slip.
- 13) I am regularly given a meal break of 1 hours from 12 to 1 pm
- 14) I work / I do not work / I sometimes work from 10:00 p.m. to 6:00 a.m. and I am / I am not paid the 10% night shift differential pay.
- 15) I render / I do not render _____ hours of overtime work (work rendered in excess of 8 hours in a day):
Every day Others: _____
- 16) I am paid / I am not paid for every hour of overtime work rendered on:

<input type="checkbox"/> Ordinary Days	:	_____
<input type="checkbox"/> Rest Days	:	_____
<input type="checkbox"/> Special Days	:	_____
<input type="checkbox"/> Regular Days	:	_____



Labor Laws Compliance Assessment Checklist

Authority No. JA-2014-10-Tyfo-575

Instructions: This checklist shall be accomplished by the Labor Laws Compliance Officer (LLCO) with the participation of the duly authorized representative of employer and workers. Please put a check (✓) mark in the appropriate column to indicate compliance with labor standards, if not applicable, put NA in the complied columns.

Part I				GENERAL INFORMATION			
Name of Establishment Gomco Metal Corp.				Address Unit D VNU Arcade, Cebu North Road, Paknaan, Mandaue City			
Owner/President Nathanial Kaw				Kind of Business/Economic Activity/Principal Product Retail			
Employment				Authorized Capitalization (As of the latest date of audit) N/A		Number of Union: SEBA	
No. of Apprentices/Learners: 0				<input type="checkbox"/> Check if BMBE		Name of Union's Representative: None	
No. of Short-Term Employees: 0						CBA Duration: None	
Age Group				Total Assets (As of the latest date of audit) N/A		Start: _____ End: _____	
Female	Male	Total		Type of Visit <input checked="" type="checkbox"/> Joint Assessment <input type="checkbox"/> Compliance Visit <input type="checkbox"/> OSHS Investigation <input checked="" type="checkbox"/> 1st assessment		Type of Workplace <input checked="" type="checkbox"/> Non-hazardous <input type="checkbox"/> Hazardous <input type="checkbox"/> Highly-hazardous	
Below 15				No. of Shifts: 1		<input type="checkbox"/> Construction <input type="checkbox"/> Other Service Provider	
15-17 yrs.							
18-30 yrs.				No. of Workers/Shift: 4		<input type="checkbox"/> Security Agency <input type="checkbox"/> Janitorial Agency	
Above 30							
Total	2	2	4			State the Name and Address of the principal/s:	
<input type="checkbox"/> Check if Bus Company				No. of Buses: _____			
				No. of Bus Drivers: _____			
				No. of Conductors: _____			
Date of Last Assessment/Visit/Investigation: _____				Name of Employer's Representative: Lee Anne Tansangit		Name of Employees' Representative: _____	

[illegible]

[illegible]

[illegible]

Compliance with the Maritime Labour Convention of 2006 (Provision 1.4: Seafarer's Recruitment and Placement)									
an ISO certified (identify certifying body)									
an MLC 2006 certified compliant (identify certifying body)									
Information service on the No Placement Fee Policy									
Documentation of procedures for registration, recruitment, selection and deployment of seafarers									
Endorsement only of pre-selected seafarers for medical examination to DOH accredited hospitals/clinics duly designated by the company/manning agency without cost to the seafarers									
Employment/deployment only of seafarers that: (a) have passed the qualification requirements of the employer; (b) have passed the prescribed medical examination; and (c) possessed valid certificates of competency/proficiency for duties on board ship									
Maintenance of confidential registry of recruited seafarers which contains, among others: (a) Personal Data; (b) Qualification/Competencies; (c) Record of Employment; and (d) Medical Data relevant to employment									
Employment only of qualified recruitment and selection staff with relevant sea service experience and have relevant knowledge of the maritime international instruments on training, certification and labour standards									
Implementation of the Standard Employment Contract (SEC) for all recruited and deployed seafarers									
Orientation of seafarers of their rights and duties under the SEC and CBA where applicable									
Maintenance of an in-house grievance machinery unit to respond to complaints of seafarers and their families									
Implementation of a PDOS program pursuant to the standards prescribed by the OWWA, including the information regarding possible problems that may be encountered when employed on ships that flies the flag of a state that has not ratified the convention.									
Implementation of a Special PDOS specific to principals'/employers company policies and ships' technical information/requirement (indicate, if any)									
Part IV FINDINGS ON OCCUPATIONAL SAFETY AND HEALTH INVESTIGATION <input type="checkbox"/> Imminent Danger <input type="checkbox"/> Dangerous Occurrences <input type="checkbox"/> Accident resulting to Disabling Injury <input type="checkbox"/> OSHS violation in Plain View									
*See Attached Government Safety Engineer's Accident Investigation Report Part V SUMMARY OF EMPLOYERS' PLAN OF ACTION									
<input checked="" type="checkbox"/> Will correct all noted deficiencies. Report on corrections/restitutions shall be submitted to the Regional Office not later than <u>11/21/10</u> <input type="checkbox"/> If there is difficulty in complying, please state the reason above. Note: Use separate sheet for details (FORM 8)									

